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## APPLICANTS

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\*\* CONTINUING DATA

RIP none

\*\* FOREIGN APPLICATIONS

RIP none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>Debra K. Anderson</i> Initials: <i>HK</i>	WA	2	24	3

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## TITLE

Data processing method

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